

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045294

FILED
Apr 15, 2009
Secretary of State

Entity Name: WATERS MEDICAL REHAB. INC.

Current Principal Place of Business:

8019 N HIMES AVE, SUITE 202
TAMPA, FL 33614

New Principal Place of Business:

8019 N HIMES AVE
SUITE 202
TAMPA, FL 33614

Current Mailing Address:

8019 N HIMES AVE, SUITE 202
TAMPA, FL 33614

New Mailing Address:

8019 N HIMES AVE,
SUITE 202
TAMPA, FL 33614

FEI Number: 52-2454796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, JORGE
1612 W WATERS AVE - STE 101
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

ESCOBAR, JORGE
8019 N HIMES AVE
SUITE 202
TAMPA, FL 33614 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ESCOBAR, JORGE
Address: 1612 W WATERS AVE - STE 101
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE ESCOBAR

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date